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Author	Josef Kala
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Formulation in Psychotherapy and Psychology

A Workshop by Dr Lucy Johnstone

The concept of Formulation in psychotherapy and psychology is being advanced and increasing in profile as a viable alternative to diagnosing in mental health services. In its bare essence, Formulation is a way of putting someone's story with the aim of suggesting the best way forward. For service users, this typically begins during the assessment stage, and is put forward as a tentative hypothesis continually open to revision. A good formulation provides an account that is clear, meaningful and comprehensive in expressing the personal story of the client. As such, it empowers the client with a coherent understanding of their difficulties within the context of their situated experiences, always with the aim of empowering them with the ability to participate in an informed set of choices regarding their own future. An effective formulation fulfils the following set of purposes (Good Practice Guidelines 2011):

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| <ul style="list-style-type: none">• identifying the best way forward and informing the intervention• clarifying hypotheses and questions• providing an overall picture or map• noticing gaps in the information about the service user• prioritizing issues and problems• selecting and planning interventions | <ul style="list-style-type: none">• minimizing decision-making biases and increasing transparency, by making choices and decisions explicit• framing medical interventions• predicting responses to interventions; predicting difficulties• thinking about lack of progress; troubleshooting• determining criteria for successful outcome |
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Building a coherent and meaningful narrative in simple and clear language is deemed all the more important because, when having endured adverse conditions and disturbing experiences, clients' stories are often told in "a highly emotional, contradictory, and fragmented manner which undermines their credibility..." (Herman 2001). It also tends to obscure the ability to make sense of their experiences and how best to gain from this understanding moving forward.

In making the case for a formulation-based approach to mental health services in both the statutory and private sectors, Dr Lucy Johnstone argued against the underpinnings of the biomedical model to mental health, which she believes is diametrically opposed to personal story-telling and thus cannot properly speaking complement formulation in psychotherapy and psychology. Diagnosis-based approaches are grounded on the biomedical model to mental health. These approaches, says Dr Johnstone, while not only missing an objective basis for how people should think, feel and behave (because, objectively, there is none) which alone can legitimize them, also leave clients stuck in responses that long outlive their uses and leave clinicians and service staff frustrated as a result. They can therefore be harmful, and often in enduring ways, in their consequences for ordinary people going through extraordinary experiences in life. Formulation-based approaches, on the other hand, when done well, involve participation and effort by both client and clinician;

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emphasize clients' strengths while validating their experiences, thus imbuing confidence and hope; they make such experiences understandable and intelligible; while normalizing the clients' lives in ordinary, relatable language. Therefore, with formulation-based approaches to psychotherapy and psychology, clients are engaged in a shared process of co-constructing meaning with their clinicians in the face of chaos and despair, leaving them empowered, informed, and with a strong and legitimate sense of agency in relation to their problems in life. For such reasons as these, Dr Johnstone calls Diagnoses-based approaches to mental health care and Formulation-based approaches to mental health care "very different creatures".

While different psychological theories may influence the construction of a psychological formulation, all formulations toward planning an intervention share the following in contrast to diagnosis-based approaches, according to Dr Johnstone:

Psychiatric diagnosis	vs	Psychological formulation
<ul style="list-style-type: none">• Obscures meaning• Reduces agency ('sick role')• Obscures social contexts• Keeps relationships stuck• Expert-derived• Stigmatizing• Culture-blind• Deficit-based• Medical consequences• Social consequences		<ul style="list-style-type: none">• Creates meaning• Promotes agency• Includes social circumstances• Includes relationships• Looks at relationship change• Collaborative• Non-stigmatizing• Culture-sensitive• Includes strengths• Non-medical• No social consequence

Dr Johnstone demonstrated how a collaborative endeavour to formulation in a team setting can be undertaken in stages based on a trauma-informed model. Starting with broad integrative psychological considerations before narrowing down the focus at each stage toward tailoring the case for the client, with her "golden rule" maintained throughout: the clinician must never do more than 50% of the work, adopting the role of facilitator and collaborator in an intervention plan that is both flexible and responsive to the client's needs at that particular place and time in their life. This model is valuable for integrating two important forms of evidence: psychological theory, research and clinical experience with the client's first-hand knowledge of their life history and events and the sense they have made of it.

Considerations are made for the possible roles of services in compounding the difficulties of the client, where they have come into contact with services before. Moreover, clinicians are reminded to not lose sight of the sensitivities implicated in recognizing that it is "difficult to change any Narrative in any direction... [and] it can sometimes be painful". Revising the formulation in light of new meanings attained keeps the process live and relevant, while assumptions and biases are not brought only by the client; and so, the therapist's reflexive awareness on their own assumptions and beliefs, and how these influence the work is key to an effective therapeutic alliance when constructing a formulation.

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While psychological formulation has developed and been in use for a long time, it has been gaining an increasingly high profile as a radical alternative to diagnosis-based approaches in mental health in recent years. Formulation was included as one of the 18 core competencies of practitioners in the Mental Health Core Skills Education and Training Framework 2017.

References

Trauma and Recovery: The Aftermath of Violence--From Domestic Abuse to Political Terror (2001) Herman, J.

BPS Division of Clinical Psychology Good Practice Guidelines on the use of psychological formulation (2011). Retrieved on 16 April 2019 from <http://shop.bps.org.uk/good-practice-guidelines-on-the-use-of-psychological-formulation.html>

Information gathered from a workshop by Consultant Clinical Psychologist and Trainer Dr Lucy Johnstone on the 23rd March 2019